

Case Number:	CM14-0161884		
Date Assigned:	10/07/2014	Date of Injury:	09/12/2013
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female claimant sustained a work injury on September 12, 2013 involving the right shoulder. She was diagnosed with a superior glenoid labral tear in osteoarthritis right shoulder. In September 2014 the claimant had right shoulder pain with restricted range of motion. Examination findings were consistent with restricted motion and tenderness to palpation over the right shoulder girdle. The physician recommended physiotherapy and deep tissue therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

5 sessions of physiotherapy/deep tissue therapy for treatment of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: According to the MTUS guidelines, massage or deep tissue therapy is an option for 4 to 6 visits as an adjunct to exercise. There is a lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes

of pain. Since massage therapy does not provide lasting relief and in this case there is no mention of using it with exercise, it is not medically necessary.